

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
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17		2		1		
18		2		1		
19	1		1			
20						
21	1		1			
22		3		1		
23		3		1		
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28		3		1		
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32		3		1		
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36		3		1		
37		3		1		
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43		3		1		
44		3		1		
45		3		1		
46		3		1		
47		3		1		
48		3		1		
49		3		1		
50		3		1		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	24	←		←
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						